DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services JFK Federal Building, Government Center Room 2325 Boston, Massachusetts 02203



Office of the Regional Administrator / Region I

August 19, 2002

Jane A. Hayward, Director Department of Human Services 600 New London Avenue Cranston, Rhode Island 02920

Dear Ms. Hayward:

I am pleased to inform you that your June 24, 2002, request, as revised July 30, to amend Rhode Island's home and community-based services waiver for individuals with mental retardation or developmental disabilities, is approved. This waiver amendment is assigned control number 0162.90.R2.01, which should be used in any future reference or correspondence. A copy of the approved waiver amendment is enclosed.

You submitted this amendment to remove case management services from the waiver. The State will instead provide case management services to waiver recipients under its Title XIX administrative structure. You have assured that the change in payment structure for the service will not change the type, scope, level, or providers of case management services, or affect the processes used to determine level of care need or to develop plans of care for waiver recipients. The following estimates of waiver utilization and costs are approved for this waiver amendment:

| <u>Year</u> | <u> </u> | <u>D</u> |
|-------------|----------|----------|
| 2 | 3,592 | \$59,170 |
| 3 | 3,792 | \$61,893 |
| 4 | 3,992 | \$64,642 |
| 5 | 4,192 | \$67,332 |

I have approved the amendment, as authorized under Section 1915(c) of the Social Security Act, with an effective date of July 1, 2002, as you requested. If you have any questions concerning this amendment, please call Nancy Grano at (617) 565-1695.

Sincerely yours,

Lynda F. Silva Acting Regional Administrator

Enclosure

cc: John Young, Associate Director Paul McCann, RI Mary Jean Duckett, CMS Central Office Bcc: Rich Pecorella, William J. Briggs CMS/N Grano/RIappr016290R201-8192002.DOC MD-S-270 RI